

Dr. Mary McLeod Bethune Alumni Association

Sustaining a Legacy of Faith, Scholarship and Service

2023 Dr. Mary McLeod Bethune Legacy Scholarship

Sponsored by the

Volusia County Alumni Association

Personal Information: (please print)

Student's Full Name: _____

Permanent Home Address: _____

Telephone (home): _____ Cell: _____

Email address: _____

Date of Birth: _____

Parent/Guardian name (s):

Mother/Guardian - _____

Father/Guardian - _____

Emergency Contact Name: _____

Phone number: _____ Relationship _____

Relatives who graduated from Bethune-Cookman University or any HBCU:

Future Education Information

Anticipated Career Choice:

Academic Area of Interest:

_____ I am undecided about my major

College/ University Preference: _____

Have you applied? _____ Have you been accepted? _____

College/University Student ID # _____

This is the number assigned if you have already been accepted as a student to a college/university.

Schools I have attended:

Elementary School (s): _____

Middle School (s): _____

High School (s): _____

Profile Information:

Please briefly describe any clubs, leadership positions, school organization, athletic activities, scholastic honors, or distinctions you have received.

9 th grade	
10 th grade	
11 th grade	
12 th grade	

Recognition and Awards List Special Awards, Prizes and Scholarships:

Activities, Organizations, Interscholastic Athletics, Community Service

Activity	Grade Level(s)	Time Spent Hrs./Week	Position Held Honors/Letters	Check if you plan to continue in college

Academic Information:

Current Academic Grade Point Average: _____ (Cumulative GPA)

Testing Information

Test	Date Taken	Score	School Counselor Signature
FSA ELA	10 th grade		
FSA Algebra 1 EOC	10 th grade		
ACT Score			
SAT Score			

Work Experience and Community Activities

List community and work activities in which you have participated in.

Position/Employer	Nature of Work	Approximate Dates	Hours/Week

I certify to the best of my knowledge the information on this application is correct. _____

Student's Signature: _____

Parent/Guardian Signature: _____

Forward completed application to:

Dr. McMillan-Ward,

Education Committee Co-Chair

t.ward27@att.net 386-299-4797

Mail USPS - VCCAC: P.O. Box 12278 Daytona Beach, Florida 32120

Deadline: midnight Monday, April 24, 2023.

Essay

Please submit a typed essay, double-spaced (200 words or less) on the following topic and attach it to the scholarship application.

How has the life and legacy of Dr. Mary McLeod Bethune impacted me?